Exhibit E

SPRINGFIELD SPORTS – EMERGENCY
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February 21, 2021

Brian Zeiger, Esquire
LEVIN & ZEIGER, LLP
Two Penn Center, Suite 620
1500 John F. Kennedy Boulevard
Philadelphia, PA 19102

Re: Jeffrey Anglemeyer
Date of Incident: 2/23/2018

Dear Mr. Zeiger:

Jeffrey Anglemeyer sustained injuries in a police raid that occurred on 2/23/2018.

Medical records, reports, and diagnostic studies were reviewed regarding the above case, including the following:

1. Civil Action Second Amended Complaint, Eastern District of Pennsylvania;
2. Emergency medical records and reports, St. Luke's Hospital-Anderson Campus, Emergency Department (2/25/2018, 7/4/2018, 2/16/2019, 4/9/2019);
3. Primary care records and reports, James Martin, MD/Nazareth Family Practice (3/2/2018-11/25/2020);
4. Physical therapy records and reports, Wind Gap Medical Center;
5. Interventional pain management records and reports, Farooq Qureshi, MD (9/18/2018, 10/18/2018, 10/1/2019, 1/10/2020);
6. Psychiatric records and reports, Blue Mountain Psychiatry (3/2/2020-4/10/2020)

By way of review, Jeffrey Anglemeyer was 55 years of age when, on 2/23/2018, he was assaulted during a police raid. The patient reported that a police officer stepped on his neck and put his knee into his back. Two days later on 2/25/2018 the patient presented to the St. Luke's Hospital-Anderson Campus ED with complaints of neck pain, mid back pain, and left shoulder pain. While in the ED, multiple radiographic studies were completed on the patient. A left shoulder x-ray showed no evidence of fracture, dislocation, or separation. Cervical spine x-ray with swimmer's view revealed no evidence of

fractures or subluxations. The patient was provided Tylenol for pain and discharged for outpatient follow-up.

The patient presented to his primary care physician James Martin MD on 3/2/2018 complaining of neck pain and bilateral shoulder pain, the left side greater than the right. The history of his forcible restraint by a police tactical team was noted, and it was reported that both arms were pulled behind his back while in officer stepped on his neck and put a knee and his back. Sleep disturbance was noted. Physical examination revealed restricted cervical range of motion, decreased range of motion of both shoulders, left greater than right due to pain, positive bilateral impingement signs, and a positive empty can sign. The patient was prescribed Robaxin and recommended heat/ice, and it was noted that he could not exclude left cervical radiculopathy or left rotator cuff tear. Cervical spine and bilateral shoulder MRI studies were ordered.

The patient returned to Dr. Martin on 4/6/2018 with ongoing neck and bilateral shoulder pain. In addition, behavioral problems and persistent sleep disturbance with associated increased anxiety was reported, and it was noted that the patient was experiencing flashbacks of the event and he was fearful of sleeping at night without the lights on. The MRI studies were discussed with the patient on this visit. He reported occasional numbness into the left arm and hand. Arthrocentesis was completed on both the left and the right shoulder with instillation of Depo-Medrol post drainage. The patient was diagnosed with PTSD (posttraumatic stress disorder) and prescribed Lexapro. Physical therapy was prescribed on this visit.

The patient presented for physical therapy evaluation at the Wind Gap Medical Center on 4/16/2018 with chief complaints of neck pain and bilateral shoulder pain. It was noted in the physical therapy records that the patient had completed an MRI of the left shoulder. The patient also complained of headaches.

PCP evaluation by Dr. Martin next occurred on 5/3/2018 with the patient continuing with neck pain, bilateral shoulder pain, behavioral problems, sleep disturbance, anxiety, flashbacks, and requiring the lights to be on while sleeping. He had discontinued physical therapy shortly after initiation as it caused more pain in the left side of his neck with increasing headaches. He had discontinued the Lexapro medication due to "side effects". After examination, the patient was discontinued on the Robaxin and instructed to continue with ibuprofen in addition to being prescribed Flexeril at nighttime. His examination continued to reveal decreased range of motion of the shoulders with positive impingement signs of the shoulder areas. Discussion regarding referral to pain management

The patient returned to the St. Luke's Hospital ED on 7/4/2018 with neck pain, headache, intermittent ringing in the lateral ears, with photophobia and occasional nausea associated with the headaches. He had been taking cyclobenzaprine but had just ran out of medication. The patient reported a high-priced co-pay for his physical therapy and therefore could not afford to attend. A CT scan of the head was completed without contrast that showed no evidence of intracerebral hemorrhage. The patient was provided intravenous Toradol/Reglan with Benadryl, and the patient's headache improved significantly, at which point he was discharged.

On 7/27/2018, the patient returned to Dr. Martin. On this visit, the patient was instructed to continue Soma, referred for pain management, and he was prescribed duloxetine 30 mg on that visit. In addition, he was prescribed Fioricet for headaches. On 9/5/2018, the patient was injected into the left shoulder again with Depo-Medrol. He was diagnosed with cervical disc disease, myofascial pain syndrome of the cervical spine, and impingement syndrome of the left shoulder, and it was noted that the patient was scheduled for an upcoming cervical epidural steroid injection later in the month. The dosage of duloxetine was increased to 60 mg. The patient continued with depressed mood although his speech and behavior were normal. He continued with anxiety and was positive for a dysphoric mood on this visit. And on 11/28/2018, the patient reported symptom improvement but not resolution from cervical radiculopathy as a result of the cervical steroid injections. He complained of persistent headaches and neck pain, in addition to recurrent left shoulder pain and stiffness. It was reported he discontinued physical therapy because he could not afford the insurance copayment. The patient continued with dysphoria and anxiety, and at that time "he believed his house was being monitored and possibly being penetrated with Sonic beams" as he perceived he was being followed by local police. Psychiatric evaluation was recommended. Similar complaints of police surveillance, anxiety, and "being penetrated with sonic beams" was reiterated at the 12/26/2018 office visit. It was documented that the patient unable to obtain psychiatric evaluation consult at St. Luke's due to insurance issues. At the 6/6/2019 office visit, the patient was notably continued the duloxetine medication as well as the Soma. On this visit, his left shoulder was once again injected at the subacromial space with Depo-Medrol. He continued to report posterior neck pain without radicular symptoms on this visit as he had recently completed an intralaminar epidural steroid injection in September 2018. The patient remained anxious with questionable paranoid ideations. Another psychiatric referral was made, and the patient was to consider physical therapy reevaluation for his ongoing left shoulder pain.

The patient reported to the St. Luke's Hospital-Anderson Campus-MOB on 9/18/2018 for a cervical epidural injection. His medication list at that time included Fioricet, Soma, and Cymbalta. Under the direction of Farooq Qureshi, MD, he received a cervical epidural steroid injection (CESI) on the fluoroscopy at the C7-T1 interlaminar level. This procedure was repeated by Dr. Qureshi on 10/18/2018.

On 2/16/2019, the patient again reported to the St. Luke's Hospital ED complaining of neck pain, and it was noted that the neck pain had become intense over the prior 2 days. It was noted that the patient had good relief with injections. The patient denied radicular symptoms according to the records. Upon completion of the evaluation, the patient was prescribed Voltaren and Percocet for pain and Zanaflex for muscle spasms. The patient was instructed to continue Soma and Cymbalta but to discontinue ibuprofen. Another exacerbation of neck pain and headache occurred on 4/9/2019 requiring an additional ED visit as the patient complained of associated headaches from the occipital area "typical for his symptoms". He was once again treated medically and released.

On 11/6/2019, Dr. Martin again injected the patient's left shoulder with Depo-Medrol for ongoing impingement syndrome. Depression screening was positive although he had no active suicidal thoughts. Trigger point injections utilizing Sarapin was provided over the left suboccipital and left posterior cervical/trapezius areas at the 12/17/2019 office visit, and the patient was once again referred for

psychiatric evaluation. The patient sustained an acute lower back injury when he fell onto a ditch on 1/13/2020.

The patient again received additional CESI's performed by Dr. Qureshi under fluoroscopic guidance at the C7-T1 interlaminar level on 10/1/2019 and 1/10/2020.

Psychiatric records from Blue Mountain Psychiatry were reviewed from 3/2/2020 until 4/10/2020, a total of 4 separate treatment sessions. In the initial evaluation that occurred on 3/2/2020, the patient reported continuous headaches along with other medical conditions. In these records, it was noted that the patient had received emergency care from St. Luke's Hospital in December 2024 paranoid behavior, the patient recounting the traumatic experience with the 2/23/2018 police raid. The patient described insomnia and racing's thoughts with nightmares and frequent panic attacks. The patient was diagnosed with posttraumatic stress disorder (PTSD) with major depressive disorder and anxiety, and psychotherapy was prescribed. Psychotherapy treatment sessions with psychiatrist oversight followed on 3/13/2020. The patient's medication Cymbalta was discontinued, and the patient was prescribed Abilify. The patient was a "no show" on 4/10/2020.

Repeat left shoulder corticosteroid injection was completed by Dr. Martin on 10/1/2020. His affect was described as "paranoid" on that visit. The patient had self-discontinued the duloxetine, but that was reinitiated on this visit. It was noted on this visit that the patient was continuing with behavioral problems and nervousness, and the patient had discontinued psychiatry sessions due to his lack of insurance and financial wherewithal to cover the expense. He was prescribed the medication Abilify by the psychiatrist, but he was reportedly not taking it. At the last visit that occurred on 11/25/2020, the patient was recommended to follow up with pain management, psychiatry, and physical therapy, all mainly for treatment to his ongoing chronic neck pain, shoulder pain, and psychiatric issues.

The patient's past medical history included cervical disc disease with osteoarthritis (although he did not recall any episodes of neck pain severe enough to require injections or treatment prior to the 2/23/2018 incident), herniated lumbar disc without myelopathy (disabled around 2010), myofascial pain syndrome, GERD, erectile dysfunction, bilateral carpal tunnel syndrome, an ascending thoracic aortic aneurysm, and borderline hyperlipidemia. The patient could not recollect any history of shoulder problems of any significance or shoulder injections prior to the police assault incident. He presented without history of medication allergies. His prior surgical history included appendectomy. His family history was noncontributory, and his social history was significant for occasional alcohol use, but he denied smoking cigarettes and using recreational drugs.

Left shoulder MRI completed on 3/4/2018 revealed supraspinatus tendinosis, adjacent to the rotator cuff insertion, no effusion, mild spurring of the left acromioclavicular joint, and no tears of the labrum or rotator cuff. Right shoulder MRI study also completed on 3/4/2018 revealed mild distal rotator cuff tendinosis without clear tear or joint effusion, and mild spurring of the right acromioclavicular joint was noted.

Cervical spine MRI was completed on 3/4/2018 showing multilevel cervical spondylosis most prominent at C6-7 with an associated C6-7 disc osteophyte complex with impression on the ventral thecal sac with associated severe bilateral foraminal stenosis, a C4-5 left paracentral disc protrusion with mild impression on the ventral thecal sac, and a C5-6 disc osteophyte complex with uncovertebral

arthropathy and moderate to severe right and left foraminal stenosis. Cervical spine MRI completed without contrast on 8/27/2019 revealed loss of disc height, slight annular bulging with bilateral uncinate joint hypertrophic change, and moderate bilateral foraminal narrowing, right greater than left, stable degenerative changes when compared to a previous 3/20/2018 cervical MRI study. A lumbar spine MRI completed without contrast on 2/13/2020 revealed lumbar stenosis from L3-S1 essentially unchanged from a prior study dated 4/4/2016.

Due to the Covid-19 quarantine issues, a teleconference was completed with the patient on 1/27/2021 for 35 minutes. His telecommunication history of the inciting traumatic event was consistent with that found in the records and described above. He continues to suffer from neck pain with headaches, left shoulder pain and stiffness, occasional radicular pain into the left upper extremity and ongoing anxiety/depression issues with associated nighttime flashbacks of the police assault, as well as episodes of fear and suspicion of ongoing police monitoring ever since the 2/23/2018 incident as described in the records. He continued to receive injections into his cervical spine, including epidural and trigger point injections, and left shoulder corticosteroid injections over the years, all stemming from the 2/23/2018 traumatic incident. The patient reported restricted his treatments, including psychiatric treatments, as a result of his inability to pay the out-of-pocket medical/psychiatric/physical therapy expenses due to his poor financial situation. He lives with the pain in his neck and shoulder through physical restrictions and activity modifications as his mainstay of pain avoidance, and he continues to take duloxetine for his psychiatric issues that provides some help with his ongoing anxiety attacks, which sometimes can be "very bad". An unfortunate side effect of the duloxetine medication is a noted difficulty with short and long-term memory as reported by the patient.

Based upon my 1/27/2021 telemedicine history with the patient regarding the events that occurred on the 2/23/2018 police raid, in addition to review of the above-noted medical records, reports, and diagnostic studies, it is my opinion that this patient suffered, to a reasonable degree of medical certainty, the following injuries during the 2/23/2018 incident:

1. Aggravation of degenerative disc and joint disease of the cervical spine;
2. Posttraumatic bilateral cervical radiculopathy, status post CESI ×4;
3. Cervicogenic headaches;
4. Cervical myofascial pain syndrome;
5. Bilateral shoulder sprains/strains;
6. Posttraumatic left shoulder impingement syndrome;
7. Posttraumatic stress disorder (PTSD).

This patient describes significant and ongoing pathologies, both physical and psychiatric, that is including the progression of the events continuing to plague the patient to the present day. The medical

records support his complaints that includes progress notes in his treating physician's charts, the evolution of his care documented in his records, and the findings on the diagnostic testing described above. According to my overall evaluation of the case, including his verbal description of his ongoing complaints, it is my opinion, to a reasonable degree of medical certainty, that he has ongoing and psychiatric issues that will require future treatment for the rest of his life. Based upon the 1/27/2021 telemedicine interview, this patient is suffering from significant PTSD which, according to the provided medical records and his verbal history, now includes paranoia related to police that in my opinion borders on psychosis.

Please be advised that it is my opinion the treatments rendered to this patient as documented above, including the associated medical billing and charges, were reasonable, medically necessary, and causally related to the 2/23/2018 incident. Finally, it is my opinion that the pathologies listed above, including the above-noted long-term sequela, are all a direct result of the injuries sustained during the described police assault that occurred on 2/23/2018.

All of the above opinions are stated to a reasonable degree of medical certainty.

If I can be of further assistance, please feel free to contact me.

Very truly yours,
Sports Science Center

Robert F. Sing, D.O., FACEP, FACSM
Medical Director